

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2019 - 346 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Dearon B. Tyler, II

Telephone: 803-290-4087

Address: 5453 North Road
Orangeburg, SC 29118

Fax: N/A

Other: 803-662-4405

Email: guardianangel724@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
NOV 05 2019
PSC SC
MAIL / DMS

8

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

ACCEPTED FOR PROCESSING 2019 November 5 10:14 AM - SCPSC - 2019-346-T - Page 1 of 30

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 11/4/2019

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Guardian Angel Tours, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
- 5453 North Road Orangeburg, SC 29118
Street Address of Applicant
- P.O. Box 292305 Columbia, SC 29229
Mailing Address of Applicant (if different from street address)
- 803-290-4087 N/A
Phone Fax
- guardianangel724@yahoo.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Guardian Angel Tours, LLC

Name of Applicant

5453 North Road Orangeburg, SC 29118

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 5,000,000 *See attached*

Limits N/A

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Cypress Insurance Company

Name of Insurance Company

P.O. Box 2048 Omaha, NE US 68103-2048

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)*Guardian Angel Tours, LLC*

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes

 ☒ No

 ☐ Pending

 (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

 ☐ Conditional

 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

 ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes

 ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes

 ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

 ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

CEO
Title of Applicant (e.g. President, Owner, etc.)

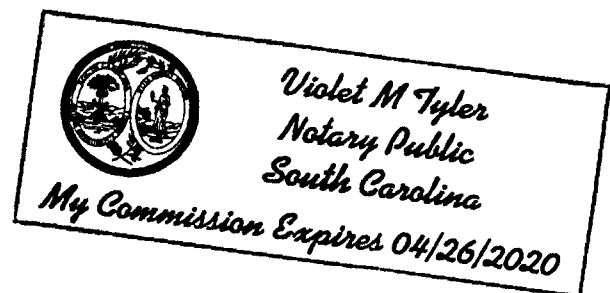
STATE OF SOUTH CAROLINA)

COUNTY OF Orangeburg)

SWORN TO BEFORE ME
This 12 day of October, 2019

Violet M Tyler
Notary Public

Commission Expires 04/26/2020



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Guardian Angel Tours, LLC

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Devon B. Tyler, II, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

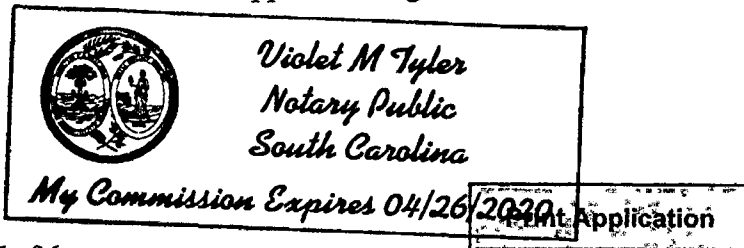
SWORN TO BEFORE ME

This 12 day of October, 20 19

Violet M Tyler
Notary Public

Commission Expires 04/26/2020

Applicant's Signature



STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Guardian Angel Tours, LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

5453 North Road

Street Address

Orangeburg

City

29118

Zip Code

3. The initial agent for service of process is

Dearon Tyler

Name

Dearon Tyler

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

5453 North Road

Street Address

Orangeburg

City

29118

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Dearon Tyler

Name

5453 North Road

Street Address

Orangeburg

City

SC

State

29118

Zip Code

(b) Averin Tyler

Name

5453 North Rd.

Street Address

Orangeburg

City

S.C.

State

29118

Zip Code

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Form Revised by South Carolina
Secretary of State July 2012
SECRETARY OF STATE OF SOUTH CAROLINA

Name of Limited Liability Company

Guardian Angel Tours

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) _____
 Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
- (b) _____
 Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Deborah Tyler

Signature of Organizer

03/23/2017

Date

Kevin J. H.

Signature of Organizer

03/24/2017

Date

SOUTH CAROLINA IMPORTANT NOTICE
UNINSURED MOTORIST

IN ADDITION TO THE INSURANCE COVERAGE REQUIRED BY LAW TO PROTECT YOU AGAINST A LOSS CAUSED BY AN UNINSURED MOTORIST, IF YOU HAVE PURCHASED LIABILITY INSURANCE COVERAGE THAT IS HIGHER THAN THAT REQUIRED BY LAW TO PROTECT YOU AGAINST LIABILITY ARISING OUT OF THE OWNERSHIP, MAINTENANCE, OR USE OF THE MOTOR VEHICLES COVERED BY THIS POLICY, AND YOU HAVE NOT ALREADY PURCHASED UNINSURED MOTORIST INSURANCE COVERAGE EQUAL TO YOUR LIABILITY INSURANCE COVERAGE:

1. YOUR UNINSURED AND UNDERINSURED MOTORIST INSURANCE COVERAGE HAS INCREASED TO THE LIMITS OF YOUR LIABILITY COVERAGE AND THIS INCREASE WILL COST YOU AN EXTRA PREMIUM CHARGE; AND
2. YOUR TOTAL PREMIUM CHARGE FOR YOUR MOTOR VEHICLE INSURANCE COVERAGE WILL INCREASE IF YOU DO NOT NOTIFY YOUR AGENT OR INSURER OF YOUR DESIRE TO REDUCE COVERAGE WITHIN 20 DAYS OF THE MAILING OF THE POLICY OR THE PREMIUM NOTICE, AS THE CASE MAY BE.
3. IF THIS IS A NEW POLICY AND YOU HAVE ALREADY SIGNED A WRITTEN REJECTION OF SUCH HIGHER LIMITS IN CONNECTION WITH IT, PARAGRAPHS 1 AND 2 OF THIS NOTICE DO NOT APPLY.

**SOUTH CAROLINA LIABILITY INSURANCE
IDENTIFICATION CARD**

An Insurance policy has been issued that meets requirements of South Carolina Financial Responsibility Law of 1977.

COMPANY NUMBER 03	COMPANY Cypress Insurance Company	
POLICY NUMBER 03 APM 021809 - 01	EFFECTIVE DATE 09/24/2019 3:45 PM	EXPIRATION DATE 09/24/2020 12:01 AM
YEAR 2002	MAKE/MODEL MCI BUS	VEHICLE IDENTIFICATION NUMBER 1M8TRMPA12P061815
AGENCY/COMPANY ISSUING CARD		
Thomas Wood Insurance Agency, LLC		
105 Dovershire Ct		
Cary, NC 27513		
INSURED		
GUARDIAN ANGEL TOURS LLC		
5453 NORTH RD		
ORANGEBURG, SC 29118		

M-4566a (11/1999)

SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

**SOUTH CAROLINA LIABILITY INSURANCE
IDENTIFICATION CARD**

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AGENCY/COMPANY ISSUING CARD		
Thomas Wood Insurance Agency, LLC		
105 Dovershire Ct		
Cary, NC 27513		
INSURED		
GUARDIAN ANGEL TOURS LLC		
5453 NORTH RD		
ORANGEBURG, SC 29118		

M-4566a (11/1999)

SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
bhhcclaim@bhhc.com

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
bhhcclaim@bhhc.com

CUT ALONG THIS LINE

Cypress Insurance Company

A STOCK COMPANY

COMMERCIAL POLICY

Report ALL Accidents To:

1-800-356-5750

24 Hour

Toll Free

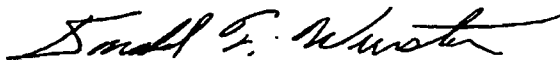
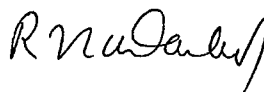
**IMPORTANT NOTICE
TO AUTOMOBILE POLICYHOLDERS**

If any new or replacement drivers are hired during the term of this policy, notify the company immediately. Failure to do so may result in termination of your policy.

THESE POLICY PROVISIONS WITH THE DECLARATIONS PAGE, COVERAGE FORM AND ENDORSEMENTS, IF ANY, COMPLETE THIS POLICY. THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND THE COMPANY.

READ YOUR POLICY CAREFULLY

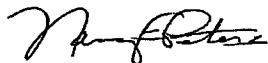
In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative

President
Berkshire Hathaway Homestate Insurance Company
Brookwood Insurance Company
Continental Divide Insurance Company
Redwood Fire and Casualty Insurance Company

President
Cypress Insurance Company
Oak River Insurance Company

Secretary



NEW

RENEWAL NUMBER

CROSS REFERENCE NUMBER

03 APM 021809 - 01

CYPRESS INSURANCE COMPANY

1 California Street, Suite 600
San Francisco, CA 94111
1-800-356-5750

☐ The Declarations
include a second part
designated "Part 2".

BUSINESS AUTO COVERAGE DECLARATIONS

ITEM ONE NAMED INSURED & ADDRESS

GUARDIAN ANGEL TOURS LLC
5453 NORTH RD
ORANGEBURG, SC 29118

Producer

Thomas Wood Insurance Agency, LLC
105 Dovershire Ct
Cary, NC 27513

FORM OF NAMED INSURED'S BUSINESS: LLC

NAMED INSURED'S BUSINESS: CHARTER BUS

POLICY PERIOD: Policy covers FROM 09/24/2019 3:45 PM TO 09/24/2020 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

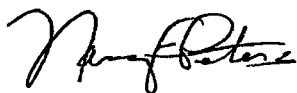
This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,000,000 CSL	\$ 23,421
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	7	\$ 5,000	\$ 720
UNINSURED MOTORISTS	7	\$ 100,000 CSL (BI & PD)	\$ 328
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	7	\$ 100,000 CSL (BI & PD)	\$ 328
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	\$ See M 3912b (08/2001)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ See M 3912b (08/2001)	\$ 2,367
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)			PREMIUM FOR ENDORSEMENTS \$
			ESTIMATED TOTAL PREMIUM \$ 27,164
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

Countersigned At _____ By _____

In Witness whereof, we have caused this policy to be executed and attested.

AUTHORIZED SIGNATURE



Secretary



President

M-5605 (02/2011)

09/26/2019

SCHEDULE OF FORMS AND ENDORSEMENTS AT POLICY INCEPTION

POLICY # 03 APM 021809 - 01

INSURED GUARDIAN ANGEL TOURS LLC

EFFECTIVE 09/24/2019 3:45 PM

M 5603	03/2017	Policy Jacket
M 5605	02/2011	Business Auto Coverage Declarations
M 4572	12/1994	Schedule of Forms and Endorsements at Policy Inception
M 4959a	03/2002	Schedule of Covered Autos
M 5872	04/2016	Changes to Common Policy Conditions - Cancellation
CA 0001	10/2013	Business Auto Coverage Form
M 3912b	08/2001	Stated Amount Insurance
CA 2119	12/2013	South Carolina Uninsured Motorists Coverage
CA 2188	12/2013	South Carolina Underinsured Motorists Coverage
CA 9958	04/2014	South Carolina Auto Medical Payments Coverage
CA 0150	05/2017	South Carolina Changes
IL 0021	09/2008	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
M 5479	04/2010	Towing and Storing Costs
CA 2402	10/2013	Public Transportation Autos
IL 0017	11/1998	Common Policy Conditions
M 5332a	12/2009	South Carolina Changes - Cancellation and Nonrenewal
M 5749	01/2013	Underinsured Motorists Coverage Amendatory Endorsement
M 5623	04/2011	Application of Policy - Financial Responsibility
M 4803	02/1998	Abuse or Molestation Exclusion

Form Version 041001

09/26/2019

M-4959a (03/2002)


SCHEDULE OF COVERED AUTOS

POLICY NUMBER: 03 APM 021809 - 01

EFFECTIVE DATE: 09/24/2019 3:45 PM

NAMED INSURED : GUARDIAN ANGEL TOURS LLC

Veh #	Year	Use (C,S or R)	GVW or Seating Capacity	Premiums							Physical Damage		
	Make	Radius		Liab	UM/UIM	No-Fault	Med Pay	Addl Insd	In-Tow	Other	Limit Stated Amount or ACV	S C	Spec Causes Comprehensive
	Model	Garaging Territory											Collision
	VIN	Garaging City, State											Premium Deduct
1	2002 MCI BUS 1M8TRMPA12P061815	Commercial Unlimited Territory 91 COLUMBIA, SC	58 Seats	23,421	656		720				60,000	C	Incl 2500 Ded 2,367 2500 Ded
Premium for Endorsements													

	USDOT#	Legal: GUARDIAN ANGEL TOURS LLC	Review Date:
	3158942	Operating (DBA):	10/28/2019

Part A - General Information

MC/MX #: 109812	State #:	Federal:
Review Type: Safety Audit – New Entrant	Location of Review/Audit: Company Facility in the U. S.	
Scope: Entire Operation	Territory:	

Operation Types	Interstate	Intrastate	Business: Corporation
Carrier:	Non-HM	N/A	Gross Revenue: \$5,000.00
Shipper:	N/A	N/A	for year ending: 10/29/2019
Cargo Tank:	N/A		

Company Physical Address:

5453 NORTH ROAD
ORANGEBURG, SC 29118, US

Contact Name: DEARON B TYLER II - OWNER (Officer)
Phone numbers: (1) 803-290-4087 (2)
E-Mail Address: GUARDIANANGEL724@YAHOO.COM

Fax**Company Mailing Address:**

P O BOX 292305
COLUMBIA, SC 29229, US

Carrier Classification

Authorized For Hire

Cargo Classification

Passengers

Driver Information

	Interstate	Intrastate	Average trip leased drivers/month: 0
< 100 Miles:	0	0	Total Drivers: 1
>= 100 Miles:	1	0	CDL Drivers: 1

Equipment

	Owned	Term Leased	Trip Leased	Owned	Term Leased	Trip Leased
Motor Coach	1	0	0			

Power units used in the U.S.: 1
Percentage of time used in the U.S.: 100





GUARDIAN ANGEL TOURS LLC

USDOT#: 3158942

Review Date:

10/28/2019

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or

Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

South Carolina State Transport Police/ Motor Carrier Compliance Unit

10311 Wilson Boulevard / P.O. Box 1993

Blythewood, SC 29016 // Phone (803) 896-5500 / Fax: (803)896-5526

This SAFETY AUDIT will be used to assess your safety compliance.**Person(s) Interviewed:****Name:** DEARON B TYLER II**Title:** OWNER**Safety Investigator Name:** Staten**Code:** SC0178

ACCEPTED FOR PROCESSING - 2019 November 5 10:14 AM - SCPSC - 2019-346-T - Page 17 of 30





GUARDIAN ANGEL TOURS LLC

USDOT#: 3158942

Review Date:
10/28/2019**Part B - Questions and Answers**

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question Factor 1. General Question #1 Section #387.7(a) Acute	Answer
Does the carrier have the required minimum level of financial responsibility in effect (property carrier)?	N/A
Question Factor 1. General Question #2 Section #387.7(d) Critical	Answer
Does the carrier have required proof of financial responsibility (property carrier)?	N/A
Question Factor 1. General Question #3 Section #387.31(a) Acute	Answer
Does the carrier have the required minimum level of financial responsibility in effect (passenger carrier)?	Yes
Question Factor 1. General Question #4 Section #387.31(d) Critical	Answer
Does the carrier have required proof of financial responsibility (passenger carrier)?	Yes
Question Factor 1. General Question #5 Section #13901 392.9a(a)	Answer
Is the motor carrier authorized to conduct interstate operations in the United States?	Yes
Question Factor 1. General Question #6 Section #390.15(b)(1)	Answer
Can the carrier provide a complete accident register of recordable accidents for up to 3 years after each accident?	N/A
Question Factor 1. General Question #7 Section #390.21	Answer
Does the carrier know the commercial motor vehicles marking requirements?	Yes
Question Factor 2. Driver Question #1 Section #391.51(b)(1)	Answer
Does the carrier maintain driver's application in accordance with 391.21?	Yes
Question Factor 2. Driver Question #2 Section #391.51(b)(2) Critical	Answer
Does the carrier maintain a copy of the motor vehicle record received from each State pursuant to 391.23(a) (1)?	Yes
Question Factor 2. Driver Question #3 Section #391.51(b)(3)	Answer
Does the carrier maintain the certificate of driver's road test pursuant to 391.31(e) or copy of the license accepted as equivalent to the driver's road test pursuant to 391.33?	N/A
Question Factor 2. Driver Question #4 Section #391.51(b)(4)	Answer
Does the carrier maintain the motor vehicle record from each state driver licensing agency to the annual driver record inquiry required by 391.25(a)?	N/A
Question Factor 2. Driver Question #5 Section #391.51(b)(5)	Answer
Does the carrier maintain the annual review of the driver's driving record as required by 391.25(c)(2) ?	N/A
Question Factor 2. Driver Question #6 Section #391.51(b)(6)	Answer
Does the carrier maintain a list or certificate relating to violations of motor vehicle laws required by 391.27?	N/A
Question Factor 2. Driver Question #7 Section #391.51(b)(7) Critical	Answer
Does the carrier maintain the medical examiner's certificate as required by 391.43(g)?	Yes



Question Factor 2. Driver Question #8 Section #391.51(b)(8) Does the carrier maintain a Skill Performance Evaluation Certificate (SPEC)?	Answer N/A
Question Factor 2. Driver Question #9 Section #391.53(a) Does the carrier maintain investigations into the driver safety performance history?	Answer Yes
Question Factor 2. Driver Question #10 Section #391.11(b)(4) Acute Is the carrier using physically qualified drivers?	Answer Yes
Question Factor 2. Driver Question #11 Section #391.15(a) Acute Is the carrier using any disqualified drivers?	Answer No
Question Factor 2. Driver Question #12 Section #382.115(a), 382.115(b) Acute Has the carrier implemented an alcohol and/or controlled substances testing program?	Answer Yes
Question Factor 2. Driver Question #13 Section #382.213(b) Acute Has the carrier used drivers who have used controlled substances?	Answer No
Question Factor 2. Driver Question #14 Section #382.215 Acute Has the carrier used a driver who has tested positive or has adulterated or substituted a test specimen for a controlled substance?	Answer No
Question Factor 2. Driver Question #15 Section #382.201 Acute Has the carrier used a driver known to have an alcohol concentration of 0.04 or greater?	Answer No
Question Factor 2. Driver Question #16 Section #382.505(a) Acute Has the carrier used a driver found to have an alcohol concentration of .02 or greater but less than .04 within 24 hours of being tested?	Answer No
Question Factor 2. Driver Question #17 Section #382.301(a) Critical Has the carrier ensured that drivers have undergone testing for controlled substances prior to performing a safety sensitive function?	Answer Yes
Question Factor 2. Driver Question #18 Section #382.303(a) Critical Has the carrier conducted post accident testing on drivers for alcohol?	Answer N/A
Question Factor 2. Driver Question #19 Section #382.303(b) Critical Has the carrier conducted post accident testing on drivers for controlled substances?	Answer N/A
Question Factor 2. Driver Question #20 Section #382.305 Acute Has the carrier implemented random testing program?	Answer Yes
Question Factor 2. Driver Question #21 Section #382.305(b)(1) Critical Has the carrier conducted random alcohol testing at an annual rate of not less than the applicable annual rate or prorated rate of the average number of driver positions?	Answer Yes
Question Factor 2. Driver Question #22 Section #382.305(b)(2) Critical Has the carrier conducted controlled substance testing at the applicable prorated rate of not less than the applicable annual rate of the average number of driver positions?	Answer Yes

Question Factor 2. Driver Question #23 Section #40.305(a) Has the carrier conducted the required return-to-duty tests on employees returning to safety-sensitive functions?	Answer N/A
Question Factor 2. Driver Question #24 Section #40.309(a) Is the carrier conducting follow-up testing as directed by the Substance Abuse Professional?	Answer N/A
Question Factor 2. Driver Question #25 Section #382.211 Acute Has the carrier used a driver who has refused to submit to an alcohol or controlled substances test required under Part 382?	Answer N/A
Question Factor 2. Driver Question #26 Section #382.503 Critical Has the carrier used a Substance Abuse Professional as required by 49 CFR Part 40 Subpart O?	Answer N/A
Question Factor 2. Driver Question #27 Section #382.601 Does the carrier have a copy of a complete alcohol and drug testing policy?	Answer Yes
Question Factor 2. Driver Question #28 Section #382.603 Does the carrier have evidence that all designated supervisors have received the required Reasonable Suspicion Supervisor Training?	Answer Yes
Question Factor 2. Driver Question #29 Section #383.23(a) Critical Has a driver operated a commercial motor vehicle without a current operating license, or a license, which hasn't been properly classed and endorsed?	Answer No
Question Factor 2. Driver Question #30 Section #383.37(b) Acute Has the motor carrier knowingly allowed it's drivers who's CDLs have been suspended, revoked or canceled by a state, have lost the right to operate a CMV in a State, or have been disqualified from operating a CMV to operate a commercial motor vehicle?	Answer No
Question Factor 2. Driver Question #31 Section #383.51(a) Acute Has the motor carrier knowingly allowed, required, permitted, or authorized a driver to drive who is disqualified to drive a commercial motor vehicle?	Answer No
Question Factor 3. Operation Question #1 Section #395.1(e)(1), 395.1(e)(2) Does the carrier have a system for recording hours of duty status on 100/150- mile radius drivers, and are they properly utilizing the 100/150 air-mile radius exemption?	Answer N/A
Question Factor 3. Operation Question #2 Section #395.8(a) Critical Does the carrier require drivers to make a record of duty status?	Answer Yes
Question Factor 3. Operation Question #3 Section #395.8(i) Critical Does the carrier require drivers to submit records of duty status within 13 days?	Answer Yes
Question Factor 3. Operation Question #4 Section #395.8(k)(1) Critical Can the carrier produce records of duty status and supporting documents for selected drivers?	Answer Yes
Question Factor 3. Operation Question #5 Section #395.3(a)(1) Critical Has the carrier allowed driver(s) to exceed the 11-hour rule? (Property)	Answer N/A
Question Factor 3. Operation Question #6 Section #395.3(a)(2) Critical Has the carrier allowed driver(s) to exceed the 14-hour rule? (Property)	Answer N/A



Question Factor 3. Operation Question #7 Section #395.3(b)(1) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Property)	Answer N/A
Question Factor 3. Operation Question #8 Section #395.3(b)(2) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Property)	Answer N/A
Question Factor 3. Operation Question #9 Section #395.5(a)(1) Critical Has the carrier allowed driver(s) to exceed the 10 hour rule? (Passenger)	Answer No
Question Factor 3. Operation Question #10 Section #395.5(a)(2) Critical Has the carrier allowed driver(s) to exceed the 15 hour rule? (Passenger)	Answer No
Question Factor 3. Operation Question #11 Section #395.5(b)(1) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Passenger)	Answer No
Question Factor 3. Operation Question #12 Section #395.5(b)(2) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Passenger)	Answer N/A
Question Factor 3. Operation Question #13 Section #395.8(e) Critical Does available evidence indicate a selected driver has prepared a false record of duty status?	Answer No
Question Factor 3. Operation Question #14 Section #392.2 Critical Does the motor carrier ensure that drivers operate commercial motor vehicles in accordance with the laws, ordinances, and regulations of the jurisdictions in which they are operating?	Answer Yes
Question Factor 3. Operation Question #15 Section #392.9(a)(1) Critical Does the carrier ensure that drivers are not permitted to drive a vehicle without the cargo properly distributed and adequately secured?	Answer N/A
Question Factor 3. Operation Question #16 Section #392.4(b) Acute Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, narcotic drugs, amphetamines, or any other substances capable of rendering the drivers incapable of safely operating motor vehicles?	Answer No
Question Factor 3. Operation Question #17 Section #392.5(b)(1) Acute Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, intoxicating beverages?	Answer No
Question Factor 3. Operation Question #18 Section #392.5(b)(2) Acute Have any drivers operated a commercial motor vehicle within 4 hours of having consumed intoxicating beverages?	Answer No
Question Factor 3. Operation Question #19 Section #392.80(b)/ 392.82 Have any drivers operated a commercial motor vehicle while engaged in texting or using a handheld mobile device?	Answer No
Question Factor 4. Maintenance Question #1 Section #396.3(b) Critical Can the carrier produce complete maintenance files for requested vehicle(s)?	Answer Yes
Question Factor 4. Maintenance Question #2 Section #396.17(a) Critical Does the motor carrier conduct periodic (annual) inspections for selected vehicles?	Answer Yes

Question Factor 4. Maintenance Question #3 Section #396.19 Is the carrier using qualified inspectors (mechanic) and maintaining evidence of the inspector's qualifications?	Answer Yes
Question Factor 4. Maintenance Question #4 Section #396.21(b)(1) Can the motor carrier produce evidence of periodic (annual) inspections for selected vehicles?	Answer Yes
Question Factor 4. Maintenance Question #5 Section #396.11(a) Critical Does the motor carrier require drivers to complete vehicle inspection reports daily?	Answer N/A
Question Factor 4. Maintenance Question #6 Section #396.11(c) Acute Does the carrier ensure that out-of-service defects listed by the driver in the driver vehicle inspection reports are corrected before the vehicle is operated again?	Answer N/A
Question Factor 4. Maintenance Question #7 Section #396.9(c)(2) Acute Does the carrier ensure vehicles that have been declared "out-of-service" do not operate before repairs have been made?	Answer N/A
Question Factor 4. Maintenance Question #8 Section #396.3 Can the carrier explain its systematic, periodic maintenance program?	Answer Yes
Question Factor 7. Other Question #1 Section #375.211 Does the carrier participate in an Arbitration Program?	Answer N/A
Question Factor 7. Other Question #2 Section #13702 Does the carrier assess shipper freight charges based upon published tariffs?	Answer N/A
Question Factor 7. Other Question #3 Section #375.401(c) Does the carrier provide reasonably accurate estimates of moving charges?	Answer N/A
Question Factor 7. Other Question #4 Section #375.407(a), 375.703(b) Has the carrier avoided "hostage freight" or other predatory practices?	Answer N/A
Question Factor 7. Other Question #5 Section #387.301(a), 387.301(b) Does the HHG carrier have sufficient levels of public liability and cargo insurance?	Answer N/A
Question Factor 7. Other Question #6 Section #375.215 Does the carrier have a published tariff and is the motor carrier charging the applicable rate (375.215).	Answer N/A
Question Factor 7. Other Question #7 Section #375.213 Can the motor carrier identify the five documents required to be given to a prospective individual shipper prior to executing an order for service?	Answer N/A

<p>Question Factor 7. Other Question #8 Section #49 CFR 37 subpart H</p> <p>Does the carrier have the means to provide accessible over-the-road bus (OTRB) service on a 48-hour advance notice basis by its owned or leased OTRBs?</p> <p>Additional Documents Required</p> <p>None</p> <p>Comments</p> <p>DRIVER: AVERIN TYLER; TRIP DATE: 10/26/2019, GA</p> <p>CARRIER DOES NOT OWN OR LEASE AN ACCESSIBLE OVER-THE-ROAD BUS (OTRB). THE CARRIER REFERES SUCH NEEDS TO KELLY TOURS</p>	<p>Answer</p> <p>No *</p>
<p>Question Factor 7. Other Question #9 Section #49 CFR 37 subpart H</p> <p>If the carrier does not have the means then does the carrier have an arrangement with another carrier that operates accessible OTRBs?</p>	<p>Answer</p> <p>Yes</p>
<p>Question Factor 7. Other Question #10 Section #Motorcoach Safety Action Plan</p> <p>Does the over-the-road bus company own or lease a facility for inspection, repair, and maintenance of its vehicles?</p>	<p>Answer</p> <p>Yes</p>
<p>Question Factor 7. Other Question #11 Section #Motorcoach Safety Action Plan</p> <p>Does the over-the-road bus company have an arrangement or contract for systematic inspection, repair, and maintenance of its vehicles?</p>	<p>Answer</p> <p>Yes</p>

Note: No Hazardous Materials questions were asked because the carrier does not carry Hazardous Materials in Interstate Commerce.



GUARDIAN ANGEL TOURS LLC
USDOT#: 3158942

Review Date:
10/28/2019

Part B

Your Proposed Safety Audit Result is: **PASS**

Explanation of Scoring Methodology

Factor	Failed Questions		Performance Test Status	Total Points	Factor Status
	Critical	Acute			
1. General	0	0	—	0	PASS
2. Driver	0	0	—	0	PASS
3. Operations	0	0	—	0	PASS
4. Maintenance	0	0	PASS — 0.00 %	0	PASS
5. Hazardous Materials	—	—	—	—	—
6. Accidents	—	—	PASS — 0.00	—	PASS
SUM	0	0		0	PASS

Result: Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

HOW THE SA IS SCORED

FACTORS - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

CRITICAL/ACUTE - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

OUT OF SERVICE (OOS) RATE - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been at least three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is 34% or above, one additional point is assigned to that factor.

CRASH FACTOR - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

OVERALL STATUS DETERMINATION - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.





GUARDIAN ANGEL TOURS LLC
USDOT#: 3158942

Review Date:
10/28/2019

Part B Requirements and/or Recommendations

1. Employers are responsible for their officers', employees', agents', consortia, and/or contractors' compliance with the requirements of 49 CFR Parts 40 and 382.
2. Your company will remain in the New Entrant program for 18 months from the date you entered into the program. FMCSA will continue to evaluate your safety management practices and monitor your on-road performance while you are in the program and prior to granting you permanent registration. FMCSA has identified 7 "triggering incidents" that pose the greatest threat to public safety. If a "triggering incident" is revealed during a roadside inspection of a New Entrant, expedited action will be initiated. Should you commit one, or more, of the expedited action violations described in 49 CFR Section 385.308 before your "New Entrant" registration becomes permanent, you may be required to undergo an expedited compliance review or, in the alternative, submit a written response demonstrating corrective action. Failure to respond to the Agency's demand for a written response within 30 days will result in revocation of your registration. You must maintain adequate safety standards and comply with the Federal Motor Carrier Safety Regulations (FMCSRs) and applicable Hazardous Materials Regulations (HMRs) in order to continue operating in interstate commerce during and after this 18-month period. Failure to comply with these requirements may result in the revocation of your New Entrant or permanent registration.
3. "Is Your Registration Information Current?"
FMCSA requires carriers to update their registration data via a MCS-150 form every 24 months. Please review, verify and update your contact information, Vehicle Miles Travelled (VMT) and Power Unit (PU) data to ensure that it is current and accurate, since it is used in the new Carrier Safety Measurement System. You should access the system, review all the information and press the submit button. Once you've done this, the system will record that you've reviewed the information and you will be in compliance with the biennial update requirement.
https://li-public.fmcsa.dot.gov/LIVIEW/PKG_REGISTRATION.prc_option
4. "Have you reviewed your data?"
The SMS results are based on your State-reported crash or inspection data. Be sure to review your data in SMS for accuracy. If you think there is an error, request a data review (RDR) by registering for DataQs through the FMCSA Portal at <https://portal.fmcsa.dot.gov> or through the DataQs system directly at <http://dataqs.fmcsa.dot.gov/>.
5. Access your crash and inspection history via FMCSA's Pre-Employment Screening Program, <http://www.psp.fmcsa.dot.gov/>
6. The UCR Application form can be obtained from <https://www.ucr.in.gov>.
7. The FMCSA provides a guide to motor carriers which includes free forms. You can get to information thru the FMCSA website which is <http://fmcsa.dot.gov>. Look for the "The Motor Carrier Safety Planner" header which is near the bottom of the main website page on the left side, click on it. Next you click on the "Motor Carrier Safety Planner" then click on Browse. You can review the chapters related to motor carrier operations which include regulation information and free downloadable forms on the right side of the templates.
8. Accident Countermeasures is a set of defensive strategies designed to reduce preventable accidents. The strategies and forms for implementing accident countermeasures can be found on the FMCSA website at: <http://www.fmcsa.dot.gov/forms/print/accident.htm>
9. Copies of the regulations, forms, interpretations, and manuals are available from a variety of sources. Check the FMCSA website for a current list of suppliers. www.fmcsa.dot.gov/safety-security/eta/index.htm
10. A copy of your carrier profile can be obtained at no cost from the FMCSA Portal (<https://portal.fmcsa.dot.gov/login>).



11. January 6, 2020 is the mandatory effective date for the use of the Clearinghouse mandated by Congress to report and query information about driver drug and alcohol program violations. Employers must conduct both electronic queries within the Clearinghouse and manual inquiries with previous employers to cover the preceding three years. The Clearinghouse will improve highway safety by helping employers, FMCSA, State Driver Licensing Agencies, and State law enforcement to quickly and efficiently identify drivers who are not legally permitted to operate commercial motor vehicles (CMVs) due to drug and alcohol program violations. This secure online database will provide access to real-time information, ensuring that drivers committing these violations complete the necessary steps before getting back behind the wheel, or performing any other safety-sensitive function. Get News and Updates about the Clearinghouse by visiting the following weblink <https://clearinghouse.fmcsa.dot.gov/>.
12. Human Trafficking is a crime involving the exploitation of someone for the purposes of compelled labor or a commercial sex act through the use of force, fraud, or coercion. Where a person younger than 18 is induced to perform a commercial sex act, it is a crime regardless of whether there is any force, fraud, or coercion. Victims can be anyone from around the world or right next door: women and men, adults and children, citizens and noncitizens alike. You Can Make a Difference against the fight against this heinous crime. Call the National Human Trafficking Hotline at 1-888-373-7888 to Get Help, Report a Tip, Learn More.
13. Provide pre-trip safety information to motorcoach passengers. For information about the Basic Plan for Motorcoach Passenger Safety Awareness that was published by the Federal Motor Carrier Safety Administration, go to the Agency's Web site at:
<http://www.fmcsa.dot.gov/about/outreach/bus/bus-safety-awareness-plan.htm>
14. To better understand your company's responsibilities under the Department of Transportation's Americans with Disabilities Act (ADA) regulations concerning accessibility of over-the-road buses, review the information on the Federal Motor Carrier Safety Administration's Web site at:
<http://www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm>
15. For questions about DOT numbers or biennial updates: 800-832-5660 or 703-280-4001
For questions about licensing, authority or MC numbers: 202-366-9805
For questions about insurance: 202-385-2423
For household goods complaints: 888-DOT-SAFT (888-368-7238)



16. U.S. DOT Employer Drug/Alcohol Testing Manual: http://www.dot.gov/odapc/employer_handbook.

FMCSA Hours-of-Service Main Website: <http://www.fmcsa.dot.gov/regulations/hours-of-service>.
Summary of the Hours-of-Service Regulations for Property and Passenger Carrying Drivers: <http://www.fmcsa.dot.gov/regulations/hours-service/summary-hours-service-regulations>.

Information and about the ELD rule can be accessed thru the main Federal Motor Carrier Safety Administration (FMCSA) website at www.fmcsa.dot.gov

The links below offer important information regarding the ELD rule as well as ELD training and events:

ELD Webinars – <https://www.fmcsa.dot.gov/hours-service/elds/training-and-events>

Frequently Asked Questions – <https://www.fmcsa.dot.gov/hours-service/elds/faqs>

ELD Rule – <https://www.gpo.gov/fdsys/pkg/FR-2015-12-16/pdf/2015-31336.pdf>

The ELD registration system allows manufacturers to register their ELDs and certify that they meet the technical specifications set forth in the FMCSA ELD rule. The system will also allow the public to view a list of registered devices and retrieve basic information on their functionality. Further information regarding ELDS and the link to the registration site can be found at <https://www.fmcsa.dot.gov/hours-service/elds/electronic-logging-devices>.

Employer Notification Service (ENS)

The South Carolina Employer Notification program monitors an employee's driving record for an employer. It can supplement and/or supplant an employer's self-reporting process for its employees as it relates to their driving record. The employer will be notified if an event occurs that results in a change to the employee's driving record. This does not replace the need to get a driver's driving record.

Any driving violations, suspensions, and driver's license changes will be reported for one calendar year from the date the report is executed. If an employee is in a crash that causes more than \$1,000 in physical damage or results in any injuries, it will be reported. The report is generated every Saturday.

This web based service is accessible via the SCDMV's Member Services.

All the information needed to take advantage of this service can be found at: <http://scdmvonline.com/Business-Customers/Employer-Notification>

If you have any questions concerning this report, please contact the State Transport Police / Motor Carrier Compliance Unit

10311 Wilson Boulevard / P.O. Box 1993

Blythewood, SC 29016// Phone (803) 896-5500

Fax (803) 896-5526



**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: **NICO2**
TRANSMISSION NUMBER: **WEB45596**
TRANSMITTED ON: **09/24/2019 17:55:39**

COMPANY NAME: **CYPRESS INSURANCE COMPANY (CA)**
SUBMITTED BY: **NATIONAL INDEMNITY GROUP (01470-01)**

Docket	Form/Type	Policy Number	Effective Date	Action
MC-109812	BMC-91X/BIPD	03APM021809-01	09/24/2019	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: GUARDIAN ANGEL TOURS LLC
Address: 5453 NORTH ROAD
ORANGEBURG SC US 29118
P O BOX 292305
COLUMBIA SC US 29229

91X Coverage(Type/Max/Underlying): Primary / \$5,000,000 / \$0

Total: 1

USDOT Number: _____ Date Received: _____

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety

**Endorsement for Motor Carrier Policies of Insurance for Public Liability
under Section 18 of the Bus Regulatory Reform Act of 1982**

FORM MCS-90B

Issued to GUARDIAN ANGEL TOURS LLC of ORANGEBURG, SC 29118
(Motor Carrier name) (Motor Carrier state or province)

Dated at Omaha, NE on this 24th day of September, 2019

Amending Policy Number: 03APM021809-01 Effective Date: 09/24/2019

Name of Insurance Company: Cypress Insurance Company

Countersigned by: _____

(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ \$ 5,000,000 CSL for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 402-916-3000

Cancellation of this endorsement may be effected by the insurer or the insured motor carrier(1) by giving thirty-five (35) days' notice in writing to the other (35 days' notice shall commence to run from the date the notice is transmitted proof of transmission shall be sufficient proof of notice), and (2) if the insured motor carrier is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days' notice to the FMCSA (30 days' notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Motor Vehicle means a for-hire carrier of passengers by motor vehicle.

Property Damage means damage to or loss of use of tangible property.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a for-hire motor carrier of passengers with Section 18 of the Bus Regulatory Reform Act of 1982 and the rules and regulations of the Federal Motor Carrier Safety Administration.

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Section 18 of the Bus Regulatory Reform Act of 1982 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from

the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured.

However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

SCHEDULE OF LIMITS — PUBLIC LIABILITY

For-hire motor carriers of passengers
operating in interstate or foreign commerce

The Bus Regulatory Reform Act 1982 requires limits of financial responsibility according to vehicle seating capacity, it is the **Motor Carrier's** obligation to obtain the required limits of financial responsibility. **The schedule of limits shown below does not provide coverage.** The limits shown in the schedule are for information purposes only.

Vehicle seating capacity	Minimum limits
(1) Any vehicle with a seating capacity of 16 passengers or more.	\$5,000,000
(2) Any vehicle with a seating capacity of 15 passengers or less.	\$1,500,000